ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

By providing the information requested below, you authorize Wesleyan Investment Foundation (WIF) to initiate transfers out of your checking account. <u>This is a free service.</u>

WIF Account Information:			
WIF Account Information:			
WIF Loan Account #			
Church or Entity Name			
Church Phone #:		Treasurer Phone #:	
Email Address:			
Mailing Address:			
	ity	 State	Zip Code
	•	State	zip code
For Recurring Loan Payments to WIF: We withdraw from your bank account one business day prior to the date you list below. Please take into consideration both weekends and holidays.			
We withdraw from your bank acco	ount one business day prior to the date you list b	elow. Please take into	consideration both weekends and holidays.
Amount :	Regular Payment Amount	Specified/Other	
Transfer Date:	Regular Due Date	Specified/Other	
Occurrence:	Monthly	Specified/C	Other
It is your responsibility to notify WIF in writing if your account changes or if you wish to stop a recurring transaction. WIF is not responsible for any overdraft fees or other charges resulting from an automatic debit. Additional Payments can be sent by mail or by contacting WIF to deduct the additional amount.			
Signature:		Date:	
Ρ	astor/Treasurer		
	Attach one of your church's cl	. – – – – – hecks marked '	VOID' here: